



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: JH

AUG 20 2013

Jason Helgeson
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP 1211)
Empire State Plaza
Albany, New York 12237

Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #13-33 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2013. This SPA concerns rates of payment for outpatient services provided by general hospitals, health home services including services provided to home care patients diagnosed with AIDS, personal care services and adult day health care services. This SPA continues the trend factor at an amount no greater than zero for outpatient services provided by general hospitals, health home services including services provided to home care patients diagnosed with AIDS, personal care services and adult day health care services provided on or after April 1, 2013 through March 31, 2015.

This SPA approval consists of 6 pages. As New York requested, we are approving the following Attachment 4.19-B pages which were submitted by the state on July 29, 2013: Attachment 4.19-B Page 1(b)(i), 2(b)(ii), 4(1), 6(a)(1), 6(a)(1)(i) and 7(a)(ii). These pages replace all of the pages that the state provided with the original SPA submission materials. In addition, we are processing the SPA using the HCFA-179 which was provided by the state to CMS on July 29, 2013.

We understand New York is working to complete its upper payment limit (UPL) demonstration for these services and expects to have this information to CMS shortly. This UPL information is necessary for continued processing of pending amendments and will bring the state into compliance with the SMD letter. CMS will not approve further amendments concerning these services absent to the UPL information and may take additional actions.

Enclosed are copies of SPA #13-33 and the HCFA- 179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Shing Jew at (212) 616-2426 or Joanne Hounsell at (212) 616-2446.

Approval letter – NY SPA 13-33 (*continued*)

Sincerely,

A handwritten signature in black ink, appearing to read "John Guhl". The signature is fluid and cursive, with the first name "John" and last name "Guhl" clearly distinguishable.

John Guhl
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form
State Plan Pages

cc: JUlberg
 PMossman
 KKnuth
 IMatthews
 LTavener
 RWeaver
 MCieslicki
 JGuhl
 NMcKnight
 SJew
 GCritelli
 JHounsell
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